PTO/SB/06 (08-03)
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| PATENT | PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | 100 1 100 ckel 1000 73 | | |
|---|--|---------------------------------|------------------|--------|---------------------------------|------------------------|-----------|---|------------------------|--|
| CI | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
| F:2R | NETTER FILED | ·E | REMINA | | PATE | FFI | | | : <u>.</u> (51.1. | |
| (37 CFR 1.15(a)) | | | | i_ | | <u>:365."</u> | OR | | s <u>170.0</u> | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = | · | | ļ | 59.H = | | OR | $\times s 18.0$ = | | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = | | | × | 543.0= | | OR | x \$ <u>86.</u> = | | |
| MULTIPLE DEPENDENT CL | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | OR | + s <u>290</u> 2 | | |
| * If the difference in column | If the difference in column 1 is less than zero, enter '0' in column 2. | | | | | | OR | TOTAL | | |
| CLAIM | IS AS AMENDED - I | PART II | | | | | | | | |
| | olumn 1) | (Column 2) | (Column 3) | | SMALL E | NTITY | OR | | R THAN ENTITY | |
| < ∨.Ч.DQ KI | | HIGHEST NUMBER REVIOUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| 1 Ш 1 | Z Minus " | PARFOR | = | \ \ x | <u>s_9_</u> = | | OR | × s/8_= | | |
| Total (37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b)) | Minus " | 13 | = | | s43 = | | OR | x \$ 86 = | - | |
| Σ | N OF MULTIPLE DEPENDENT | CLAIM (37 CF | R 1.16(d)) | | s/45= | | OR | + s 29D= | | |
| | | | | | OTAL DD'L FEE | | OR | TOTAL ADD'L FEE | | |
| (6 | Column 1) | (Column 2) | (Column 3) | | | | • | | | |
| m 20.03 RE | CLAIMS EMAINING AFTER F | HIGHEST NUMBER PREVIOUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Z D A AM Total - (37 CFR 1.16(c)) | Minus . | PAID FOR | | X | <u> 9</u> | | OR_ | x \$ /8 = | | |
| C (37 CFR 1.16(b)) Z Independent (37 CFR 1.16(b)) | Minus · | 13 | = | × | s43 = | | OR | x s <u>\$6</u> = | | |
| | N OF MULTIPLE DEPENDENT | T CLAIM (37 CF | R 1.16(d)) | | 145= | | OR | + \$290= | | |
| SUPPED FOR | | | 11-22.00 | | OTAL DD'L FEE | | OR | TOTAL ADD'L FEE | _ | |
| | Column 1) | (Column 2) | . (Column 3) | | • | | • | | | |
| -2/ | CLAIMS' EMAINING | HIGHEST NUMBER PREVIOUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| Total · | MENDMENT Minus | PAID FOR | = | | 9 | FEE | 25 | x 5/8 = | FEE | |
| (37 CFR 1.16(c)) | 12 Minus | <u> </u> | | 1 - | · \$ 43 ₌ | | OR | x \$ 80 = | | |
| (37 CFR 1.16(b)) | N OF MULTIPLE DEPENDEN | T CI AIM (37 CF | R 1.16(d)) | | .145_ | | OR | + 290- | | |
| FIRST PRESENTATIO | IN OF MULTIPLE DEPENDEN | T OCAM (37 OF | 11.10(0)) | | FSL_I_S_= FOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| * If the entry in colum | n 1 is less than th e entry in | n column 2, writ | le "0" in column | 3. | | | J 🔍 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| " If the "Highest Num | ber Previously Paid For It ber Previously Paid For IN er Previously Paid For (To | N THIS SPACE | is less than 20, | enter. | 5°. | 4) | de bevier | obumo 1 | | |

In a Highest Number Previously Palo For (Lotal or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner.for.Patents, P.O. Box.1450, Alexandria, VA 22313-1450.

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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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